

(REV. 01/00)



STATE OF WASHINGTON  
ELECTRONIC FUNDS TRANSFER  
OF EMPLOYEE NON-PAYROLL PAYMENTS

Employee: (1) Complete the form, sign and date;  
(2) Please send the completed form to your FISCAL OFFICE.

NAME (Last, First, Initial)	SOCIAL SECURITY NO.	AGENCY	AGENCY CODE
EMPLOYEE'S ADDRESS			AGENCY SUB CODE

In accordance with RCW 43.41.180, I hereby authorize and request that all non-payroll payments paid to me through AFRS (Agency Financial Reporting System) be transferred to the financial institution (bank, credit union, etc.) and account designated for payment of my state salary.

In the event that the state may be legally obligated to withhold any part of my payment, I understand that the state shall have the authority to immediately terminate any transfer made under this authorization.

I understand that:

- These payments will utilize my current financial institution and account information from the Department of Personnel's HRISD payroll system.
- If my account status in the HRISD payroll system is unavailable for direct deposit for any reason, I will receive my payment in the form of a warrant.
- The Office of Financial Management and the Washington State Treasurer's Office may initiate a reversing entry to recall a duplicate or erroneous entry which they previously initiated, in accordance with the National Automated Clearing House Association rules.
- This form does not change my payroll authorization. All direct deposit change requests are to be made through the agency payroll office.

This authority is in force until written notification is received from me regarding its termination, or my death. This authorization will not be in effect for any payments made on or after separation from this agency.

EMPLOYEE'S SIGNATURE

DATE

For Fiscal Use Only

VENDOR NUMBER	VENDOR RECORD UPDATED BY	DATE
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